SYPHILIS

(Early Congenital, Primary, Secondary, Early Latent, Late Latent, Infectious Neurosyphilis, Non-infectious Neurosyphilis, Tertiary)

Case Definition

Confirmed case – Early congenital (within 2 years of birth):

- Identification of *Treponema pallidum* by dark-field microscopy, fluorescent antibody or equivalent examination of material from nasal discharges, skin lesions, placenta, umbilical cord or autopsy material of a neonate (up to 4 weeks of age).
  OR
- Reactive serology (non-treponemal and treponemal) from venous blood (not cord blood) in an infant/child with clinical, laboratory or radiographic evidence of congenital syphilis (including evidence on physical examination, on radiographs of long bones, a reactive CSF VDRL, an elevated CSF cell count or protein without other cause), whose mother is without documented evidence of adequate treatment.
  OR
- Detection of *T. pallidum* DNA in an appropriate clinical specimen

Confirmed case – Primary syphilis:

Laboratory confirmation of infection:

- Identification of *Treponema pallidum* by dark-field microscopy, fluorescent antibody, nucleic acid testing, or equivalent examination of material from a chancre or a regional lymph node
  OR
- Presence of one or more typical lesions (chancres) and reactive treponemal serology, regardless of non-treponemal test reactivity, in individuals with no previous history of syphilis
  OR
- Presence of one or more typical lesions (chancres) and a fourfold or greater increase in the titre over the last known non-treponemal test in individuals with a past history of syphilis treatment

Confirmed case – Secondary syphilis:

Laboratory confirmation of infection:

- Identification of *T. pallidum* by dark-field microscopy, fluorescent antibody, nucleic acid testing or equivalent examination of mucocutaneous lesions, condylomata lata and reactive serology (non-treponemal and treponemal)
  OR
- Presence of typical signs or symptoms of secondary syphilis (e.g. mucocutaneous lesions, alopecia, loss of eyelashes and lateral third of eyebrows, iritis, generalized lymphadenopathy, fever, malaise or splenomegaly)
  AND
- Either a reactive serology (non-treponemal and treponemal) OR a fourfold or greater increase in titre over the previous known non-treponemal test

Confirmed case – Early latent syphilis (<1 year after infection):

Laboratory confirmation of infection:

An asymptomatic patient with reactive serology (treponemal and/or non-treponemal) who, within the previous 12 months, had one of the following:

- non-reactive serology
- symptoms suggestive of primary or secondary syphilis
- exposure to a sexual partner with primary, secondary or early latent syphilis

Confirmed case – Late latent syphilis (>1 year after infection or of unknown duration):

Laboratory confirmation of infection:

An asymptomatic patient with persistently reactive treponemal serology (regardless of non-treponemal serology reactivity) who does not meet the criteria for early latent disease and who has not been previously treated for syphilis

Confirmed case – Infectious neurosyphilis (<1 year after infection)

Laboratory confirmation of infection:

Fits the criteria for primary, secondary, or early latent syphilis above **AND** one of the following:

- reactive CSF-VDRL in non-bloody cerebrospinal fluid (CSF)
- clinical evidence of neurosyphilis AND either elevated CSF leukocytes OR elevated CSF protein in the absence of other known causes

Confirmed case – Non-infectious neurosyphilis (>1 year after infection)

Laboratory confirmation of infection:

Reactive treponemal serology (regardless of non-treponemal serology reactivity) **AND** one of the following::

- reactive CSF-VDRL in non-bloody cerebrospinal fluid (CSF)
- clinical evidence of neurosyphilis AND either elevated CSF leukocytes OR elevated CSF protein in the absence of other known causes

Confirmed case – Tertiary syphilis (other than neurosyphilis)

Laboratory confirmation of infection:

- Reactive treponemal serology (regardless of non-treponemal serology reactivity) together with characteristic late abnormalities of the cardiovascular system, bone, skin or other structures, in the absence of other known causes of these abnormalities (*T. pallidum* is rarely seen in these lesions although, when present, it is diagnostic)
  AND
- no clinical or laboratory evidence of neurosyphilis

Clinical Evidence

Early congenital:
Most (2/3) will be asymptomatic. Symptoms include low birth weight, rhinitis, anemia, rash, hepatosplenomegaly, metaphyseal dystrophy and stillbirth.

Primary:

Painless, indurated chancre (usually genital), non-tender regional lymphadenopathy.
Secondary:
Non-pruritic maculopapular eruption (trunk, palms, soles), generalized non-tender lymphadenopathy, condyloma lata, mucous patches, fever, malaise.
Early Latent and Late Latent:
Asymptomatic.
Tertiary:
Aortic lesions or gummas on skin, viscera, bone and mucosal surfaces.

Reporting Requirements

Report confirmed cases to DHW Surveillance Team via Panorama.

Select appropriate initial staging option in the "staging" field in Panorama

- Update the staging field as needed if/when new information becomes available.

Additional Forms

None.